Chapter 4 - notes of psychology ncert

Introduction To Psychology (University of Delhi)

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AHLCON INTERNATIONAL SCHOOL
CLASS XII
NOTES – CHAPTER 4 PSYCHOLOGICAL DISORDERS

- **Concepts of Abnormality & Psychological Disorders**

→ **Four D's to Identify Abnormality**

1. **Deviance** – Different, extreme, unusual
2. **Distressing** – upsetting to the person & others
3. **Dysfunctional** – interfering with daily activities
4. **Dangerous** – to the person & others.

→ **Various Approaches distinguishing Normal & Abnormal Beh.**

(1) **Deviation from social Norms**

- Each society has norms i.e stated or unstated rules.
- Acc. to this approach behaviours, thoughts & emotions that break societal Norms are called Abnormal.
- Society norms grow from its culture & every culture is different. In fact society values may change over time. Therefore it is difficult to distinguish normal & abnormal beh. on the basis of social or cultural norms.

(2) **Maladaptive Behaviours**

- well-being is not just survival, it also includes growth & fulfilment.
- Any Behaviour that interferes with optimal functioning & growth is Maladaptive.
- Any Beh. that fosters well-being is normal.

→ **Stigma Attached to Mental Illness**

People are resistant to consult a psychologist because they are ashamed of their problems.

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→ Historical Background

- Supernatural or Magical Forces (Exorcism)

According to ancient belief abnormal beh. is the result of evil spirits or devil. And Exorcism is used to remove the evil inside the individual through prayers.

Many societies believe that shaman or ojhas can contact spirits & appease them.

- Biological/organic approach - Malfunctioning of brain & body parts have been linked to maladaptive behaviours.
- Psychological Approach - Psychological problems are the result of inadequate ways of thinking, feeling & perceiving.
- Organismic Approach - Ancient Greek philosophers including plato developed this approach & believed that disturbed behaviour is the result of conflict between emotion & reason.
- According to Galen material world is made up of four Humours/elements - i.e earth, air, fire & water which combine to form 4 body fluids i.e blood, black bile, yellow bile & phelgm. Imbalances in these are causes of various disorders.
This is similar to Indian notion of Tridosha of vata, pitta & kapha.
- Middle Ages - Demonology i.e a belief that people with mental problems were evil & there were numerous instances of which hunts.
St. Augustine wrote about feelings & conflicts, which laid the ground work for psychodynamic theories.
- Renaissance Period - According to John Weyer psychological conflict & disturbed interpersonal relations are the cause of Disorders.
He also focused on medical treatment instead of theological treatment.

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• 17th & 18th Centuries (Age of Enlightenment)
A reform movement lead to growth of scientific attitude towards disorders
Compassion for people who suffered disorders.
Deinstitutionalisation emphasised on providing community care.

• Interactional / Bio-psycho-social Approach
All the factors biological, Psychological & social together lead to psychological disorders.

→ CLASSIFICATION OF PSYCHOLOGICAL DISORDERS

① Diagnostic & statistical Manual of Mental Disorders (DSM-5) By American Psychiatric Association (APA)

② International Classification of Diseases (ICD-10) By World Health Organization (WHO).

→ FACTORS UNDERLYING ABNORMAL BEHAVIOUR

① Biological Factors
• Faulty genes, endocrine imbalances, malnutrition, & injuries are potential causes of abnormal behaviour.
• Neuro-chemical imbalances may also lead to psychological disorders for e.g. low (Gamma Aminobutyric acid (GABA) = Anxiety Disorders, Excess Dopamine = Schizophrenia, low Serotonin = Depression.

② Genetic Factors
• are linked to Bipolar, schizophrenia, low IQ etc but no specific genes has yet been identified.
• In fact many genes combined are responsible for a adaptive or maladaptive behaviour.

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(3) Psychological Models (4)

Factors like Maternal deprivation, lack of warmth by parents, Faulty parenting & severe stress may lead to psychological disorders. Some of the models are:-

a) Psychodynamic Model -

- Abnormal beh. is result of conflict between 3 internal forces:-
  1. Id - drives & impulses
  2. Ego - Rational thinking
  3. Superego - Moral standards.
- ∴ abnormal beh. is a symbolic expression of unconscious mental conflicts that can be traced back to childhood.

b) Behavioural Model

- Both normal & Abnormal is learnt.
- ∴ learning Psychological Disorders are result of learning maladaptive behaviour through:-
  1. Classical conditioning
  2. Operant conditioning
  3. Social learning / Imitation.

c) Cognitive Model.

Abnormal behaviour results from:-

1. Holding irrational assumptions about self.
2. Repeatedly thinking in illogical ways.
3. Making over generalisations.

d) Humanistic - Existential Model

- Humanists believe that humans are born with natural tendency to be friendly, cooperative, constructive & to self actualise
- Existentialists believe that we have total freedom to either give meaning to our life or to avoid responsibility.

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Those who avoid this responsibility live an empty, & dysfunctional life.

e) Socio-cultural Model

- Behaviour is shaped by societal forces, such as family structure & communication, social network, conditions, labels & roles.
- children with dysfunctional families have difficulty in becoming independent.
- People who lack social support are generally depressed.
- Societal labels force people to behave in maladaptive ways.

f) Diathesis-stress Model-

It has three components:—

1. Diathesis or presence of biological predisposition
2. Diathesis may lead to vulnerability or risk of developing the disoides.
3. Environmental stresors which may trigger the disorder.

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MAJOR PSYCHOLOGICAL DISORDERS

(1) **Anxiety Disorders** – Anxiety is diffuse vague, unpleasant feeling of fear & Apprehension

Symptoms – Rapid Heart Rate, fainting, shortness of breath, dizziness, sweating, sleeplessness, frequent urination etc.

(A) **Generalised Anxiety Disorder (GAD)**

prolonged, vague, unexplained fear that are not attached to any particular object

Symptoms – worry about future, hypervigilance, scanning environment for danger, motor tension etc.

(B) **Panic Disorder**

recurrent anxiety attacks with intense terror. Anxiety is at the peak when thoughts of particular stimuli/person are present.

Symptoms. Shortness of breath, chest pain, discomfort, fear of going crazy.

(C) **Phobia**

irrational fears related to specific object, person or situation.

a.) **Specific** irrational fear of specific objects, animals etc.

b.) **Social** Intense fear & embarrassment when dealing with others

c.) **Agoraphobia** fear of entering unfamiliar situations. Afraid of leaving their homes.

(D) **Separation Anxiety Disorder (SAD)**

- People with SAD are fearful & anxious about separation from attachment figures.
- Difficulty in being alone in a room, & going to school alone
- fearful of entering new situations.
- cling to their parents.

Symptoms – scream, throw tantrums, make suicidal gestures

(E) other anxiety disorders are Selective mutism, Substance induced Anxiety, Anxiety due to medical conditions etc.

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(2) Obsessive-Compulsive & Related Disorders

Obsessive Behaviour
Inability to stop thinking about a particular idea.

Compulsive Behaviour
need to perform certain behaviour again & again. For eg. counting, checking, washing etc.

- This affects their ability to carry out normal activities.
- other disorders in this category are Hoarding, trichotillomania (hair-pulling), excoriation (skin-picking) etc.

(3) Trauma- & Stress-Related Disorders

Post traumatic Stress Disorder (PTSD)
- Happens to people who have been through natural disasters, bomb blasts, war etc.
- Symptoms - recurrent dreams, flashbacks, impaired concentration, & emotional numbing.
- Other Disorders - Adjustment Disorders, Acute stress Disorder.

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(4) Somatic Symptoms & Stress related Disorders

physical symptoms in the absence of physical Disease

A.) Somatic Symptom Disorder

- persistent symptoms which may/may not be related to any serious illness
- Continuously worry about their health
- Frequent visits to doctors
- Experience significant stress

B.) Illness Anxiety Disorder

- worrying about developing a serious illness along with anxiety about one's health.
- Are anxious dispite of Medical Reassurance
- Easily alarmed about illness such as on hearing about someone else's ill-health.

c) Conversion Disorder

- Report loss of a body part or any/some bodily functions
- For eg paralysis, blindness, deafness etc.
- Occur after stressful event.

Somatic symptom Disorder	Illness Anxiety Disorder
Expression is interms of physical complaints	Anxiety is the main concern

(5) Dissociative Disorders

Dissociation - feelings of unreality, estrangement, depersonalisation & loss or shift of identity.

A) Dissociative Amnesia

- Extensive but selective memory loss that has no organic cause (eg. head injury)
- Some people dont remember Anything about past, others forget specific events, people, places etc, while other memories remain intact.
- Associated with extreme stress.

B.) Dissociative Identity Disorder (DID) (Multiple personality Disorder)

- associated with traumatic events in childhood.
- Person assumes alternate personalities which may or may not be aware of each other.

c) Depersonalisation Derealisation

- Dream like state
- sense of being separated from self & others
- sense of reality is temporarily lost.

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⑥ Depressive Disorders

Depression - covers a variety of negative mood & behavioural changes, after a significant loss, such as breakup, death etc.

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Major Depressive Disorder

- period of depressed mood & loss of interest in most activities
- Change in body weight
- sleep problems
- tiredness
- slowed behaviour
- Thoughts of suicide

- Factors predisposing towards Depression
  - Genetic makeup / Heredity.
  - Age — women — young Adulthood
    Men — Middle age
  - Gender — women more than men
  - other factors — negative life events, lack of social support

⑦ Bipolar & Related Disorders
(Manic-Depressive Disorders)

- Bipolar I disorder — involves both mania & depression, which are alternatively present, with periods of normal mood in between
- Manic episodes rarely appear by themselves, usually alternate with depression.
- Related Disorders — Bipolar II, Cyclothymic Disorder

SUICIDE

- result of complex interface of biological, genetic, psychological, sociological, cultural & environmental factors.
- other risk factors — having psychological disorders, natural disasters, experiencing violence / loss and previous suicidal attempts.

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There is alot of Stigma surrounding suicide, therefore we should improve identification, referal & management for preventing suicide.

- Measures by WHO to prevent suicide

1. Limiting access to means of suicide
2. Media should report suicide in a responsible way.
3. Bringing Alcohol related policies.
4. Early identification, treatment & care of people at risk.
5. Training health workers for training & managing.
6. Care & community support.

- Identifying students in distress - The following behavioural changes should be taken seriously :-

1. Lack of interest in daily activities.
2. Declining grades.
3. Decreasing efforts.
4. His behaving in classroom.
5. Mysterious / Repeated absence.
6. Smoking, drinking or Drugs

- Strengthening students

1. Highlighting positive life experiences, which will boost their self confidence.
2. Developing physical, social & vocational skills.
3. Establishing trustful communication
4. Giving specific, measurable & achievable goals to students.

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(8) Schizophrenia Spectrum & other Psychotic Disorders

psychotic disorder in which personal, social & occupational functioning deteriorates as a result of disturbed thoughts, strang perceptions, unusual emotions & motor abnormalities.

(1) +ve symptoms
(Excesses of thoughts, emotions & behaviours).

Delusions
false belief that is firmly held.

- Persecution — Plotted against, spied on, threatened or attacked
- Reference — attach special meaning to other's actions.
- Grandeur — people believe that they are specially empowered.
- Control — their thoughts, feelings & actions are controlled by others.

Hallucinations
(perceptions that happen in the absence of external stimuli)

- Auditory — hear, sounds, voices that speak phrases or sentences
  - Hear people talking to them or each other
- Tactile — Tingling / Burning
- Somatic — something happening inside the body (e.g. snake crawling)
- Visual — seeing colours, people or objects
- Gustatory — strang taste of food / drinks
- Olfactory — smell of poison / smoke.

Formal thought Disorder

- Rapid shifting from 1 topic to another
- Illogical thinking
- Inventing new words
- Repetition of same thoughts.

(2) -ve symptoms
(deficits of thoughts, emotions, & beh.)

- Alogia — Poverty of speech or reduction in speech.
- Blunted Effect — show less anger, joy or other feelings
- Flat Effect — No emotions at all.
- Avolition — inability to start or complete a task.
- Socially withdrawn & live in their own world.

(3) Psychomotor symptoms

In their extreme form these symptom are called catato nia.

- Catatonic Stupo — remain motionless & silent for long hours.
- Catatonic Rigidity — maintaining rigid upright posture for long hours
- Catatonic posturing — remain in awkward postu for long hours

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(2)

(9) Neurodevelopmental Disorders

- The symptoms appear during developmental stage i.e before child enters school.
- Result in hampering personal, social, academic & occupational functioning.
- Excesses/Delay in achieving a particular age-appropriate behaviour.

A.) Attention-Deficit/Hyperactivity Disorder (ADHD)

- Inattention - Find it difficult to focus attention during work/play.
- Difficulty in following instructions.
- Disorganised, distracted, unable to finish homework, loosing interest in boring activities
- Impulsive - unable to control their emotions, find it difficult to wait for their turns, can cause injury to others.

Hyperactivity - In constant motion, can't sit still, run around aimlessly. People say they are driven by motor.

B.) Autism Spectrum Disorder

- Poor Social Skills.
- Poor communication skills
- Repeated/Stereotyped Behaviour, interests & activities
- Toy. Children have mental retardation
- unable to understand other's feelings.
- Can't express their emotions
- Poorly developed speech.
- Repetitive movements which can be self-injurious.

C) Intellectual Disability

- Below average intellectual functioning (70 or below).
- Deficits in adaptive Beh. (self care, work, academics, social skills etc).
- Manifested before 18 years.

D) Specific Learning Disorder

- Difficulty in perceiving & processing info. efficiently & accurately.
- Manifested during early school years.
- Problems in reading, writting, or/& mathematics.
- Performance in activities

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(10) Disruptive, Impulse-Control & Conduct Disorders

A) Oppositional Defiant Disorder

- Age inappropriate amounts of stubbornness, irritable, defiant, disobedient & hostile
- Dont see themselves as angry.
- Justify their behaviour.

B) Conduct Disorder (Antisocial Behaviour)

- Age inappropriate actions & attitudes.
- Violate family expectation & social norms.
- Property Damage
- Threaten / Harm People & Animals
- Display Aggression.

Types of Aggressive Behaviour

- **Verbal** – Name calling, swearing
- **Physical** – Hitting, fighting
- **Hostile** – Aim is to Harm / injure others
- **Proactive** – Dominating / Bullying without provocation.

(11) Feeding & Eating Disorders

A) Anorexia Nervosa

- Distorted body image
- see themselves as overweight
- Refuse to eat
- Exercise compulsively

B) Bulimia Nervosa

- Eat Excessively
- Purge using laxatives / vomiting

C) Binge

- out of control episodes, even when they are not hungry

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(12) Substance Related & Addictive Disorders

Disorders leading to maladaptive behaviour resulting from regular use of substance involved are included under this category. Frequently used substances are as follows:-

9.) Alcohol -

- Drink large amounts regularly
- Rely on Alcohol to face difficult situations.
- Family, social & work life gets affected.
- Their bodies build up Tolerance i.e they need to drink greater amount of Alcohol to get the same effect.
- Intoxicated drivers can lead to road accidents.
- Their children may suffer from anxiety, phobias, depression & substance related disorders.

Effects of Alcohol

- It contains Ethyl alcohol.
- This chemical slows down the functioning of brain & spinal cord.
- It slows down those areas of brain that control judgement & inhibition, ∴ people become more talkative, friendly, confident & happy.
- It also affects other areas of brain ∴ people become emotional, loud & aggressive, & their memory falters.
- Motor difficulties - unable do walk properly or perform simple activities, trouble in vision & hearing, & difficulty in driving

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b) Heroin

- Interfers with social & occupational functioning.
- May develop dependence & experience tolerance & withdrawal systems when they stop taking it.
- overdose may slow down respiratory system causing difficulty in breathing or even death.

c) Cocaine ~~Abuse & Dependence~~

- Regular intake may lead to spoilt relationships & poor work performance.
- May cause problems in short-term memory & attention.
- Tolerance may develop.
- Stopping the intake may lead to depression, fatigue & sleep problems, irritability & anxiety.
- Dangerous effects of psychological & physical well-being.

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